



PATENT
Docket No. 246472005200

UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Arnold KELLER

Serial No.: 10/623,803

Filing Date: July 22, 2003

For: INTERVERTEBRAL DISC PROSTHESIS

Examiner: Anuradha Ramana

Group Art Unit: 3732

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

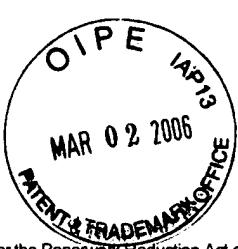
AMENDMENT UNDER 37 CFR 1.116

Sir:

In response to the Action mailed December 8, 2005, please amend this application as follows.

The Listing of Claims begins on page 2.

Remarks begin on page 3.



AF
JPN

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

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		Application Number	10/623,803
		Filing Date	July 22, 2003
		First Named Inventor	Arnold KELLER
		Art Unit	3733
		Examiner Name	A. Ramana
Total Number of Pages in This Submission	6	Attorney Docket Number	246472005200

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Barry E. Bretschneider		
Date	March 2, 2006	Reg. No.	28,055